



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D4680-041**  
**Job Sheet 188378**



**Part No:** D4680-041

**Job Qty:** 1 pcs

**Part Name:** Skidtube Assembly



**Part Weight:** 0 lbs

**Status:** New

**Priority:** Medium

**Job Created:** 1/8/19

**Job Tracking No:**

**Due Date:** 2/28/19

**Created By:** Jesse White

**Type:** Stock

**Description:** SIOP

**Note:** DWG REV F IPP REV:A 13.04.16 NEW ISSUE DD VERF:JLM IPP REV:B 13.08.08 PB2 DD VERF:JLM IPP REV:C 13.09.10 PB3 DD VERF:JLM IPP REV:D 13.11.14 AS PER DWG REV.B DD VERF:JLM IPP REV:C 14.11.24 AS PER DWG REV.C DD VERF:JLM IPP REV:D 15.06.10 AS PER DWG REV.D DD VERF:JLM IPP REV:E 16.03.23 AS PER DWG REV.E DD VERF:JLM

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation                     | Qty      | Start Date | Due Date | Standard  |         | Workcenter/Supplier      |           | Sign-off    |
|-------|-------------------------------|----------|------------|----------|-----------|---------|--------------------------|-----------|-------------|
|       |                               |          |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier    | Lead Time |             |
| 120   | Skidtubes - 1                 | 1<br>pcs |            | 2/28/19  | 0.00      | 4.86    | Skidtubes - 1            |           | DD          |
|       |                               |          |            |          |           |         | Skidtubes - 2            |           |             |
|       |                               |          |            |          |           |         | Skidtubes - 3            |           |             |
|       |                               |          |            |          |           |         | Skidtubes - 4            |           |             |
|       |                               |          |            |          |           |         | Skidtubes - 5            |           |             |
| 140   | QC 5                          | 1<br>pcs |            | 2/28/19  | 0.00      | 0.00    | QC 5 - 10                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 12                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 17                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 18                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 19                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 22                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 24                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 3                 |           |             |
|       |                               |          |            |          |           |         | QC 5 - 38                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 42                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 43                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 49                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 51                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 58                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 68                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 9                 |           | PD 19-02-01 |
|       |                               |          |            |          |           |         | QC 5 - 50                |           |             |
|       |                               |          |            |          |           |         | QC 5 - 30                |           |             |
| 150   | Handfinish - 1-1 Chemical-B4B | 1<br>pcs |            | 2/28/19  | 0.00      | 0.73    | Handfinish - 1 - 1 - B4B |           |             |
|       |                               |          |            |          |           |         | Handfinish - 1 - 2 - B4B |           |             |
|       |                               |          |            |          |           |         | Handfinish - 1 - 3 - B4B |           | 19-02-01    |
|       |                               |          |            |          |           |         | Handfinish - 1 - 4 - B4B |           |             |
|       |                               |          |            |          |           |         | Handfinish - 1 - 5 - B4B |           |             |
|       |                               |          |            |          |           |         | Handfinish - 1 - 6 - B4B |           |             |

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Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                |  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|
| <b>Job:</b> _____<br><b>Part No.</b> _____                                                                                                                                                                                     |  | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> |  | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Eng. (Non-AW) <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Quality <input type="checkbox"/> |  |                     |  |
| <b>Date :</b> _____                                                                                                                                                                                                            |  | <b>Sequence #:</b> _____                                                                                                      |  | <b>QTY Affected :</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>MRB (QSI042)</b> |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                        |  |                                                                                                                               |  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |  |
|                                                                                                                                                                                                                                |  |                                                                                                                               |  | <b>Completed By</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                     |  |
|                                                                                                                                                                                                                                |  |                                                                                                                               |  | <b>Lead hand / Supervisor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |  |
|                                                                                                                                                                                                                                |  |                                                                                                                               |  | <b>QC / QA Coordinator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                     |  |
| <b>Root Cause</b><br>Operator _____<br>Manufacturing Process _____<br>Equipment/Tooling _____<br>Handling/Preservation _____<br>Material _____<br>Product Improvement _____<br>Process Improvement _____<br>Human Factor _____ |  |                                                                                                                               |  | <b>Other Loss/Surge</b> <input type="checkbox"/> Positioned Wrong<br><b>/Program</b> <input type="checkbox"/> Outside Tolerance<br><b>Direction</b> <input type="checkbox"/> Drawing<br><b>ing Stock Pulled</b> <input type="checkbox"/> Finish<br><b>of Sequence</b> <input type="checkbox"/> Part Lost/Missing<br><b>et/Set-up</b> <input type="checkbox"/> Misread                                                                                                                                                                                         |  |                     |  |

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Container No: S145805

Part: D4680-041

Job No: 188378

Serial No/Batch: S145805

Revision: F

Inspector:

Exp Date:

Instructions: Various STC's

Date: 01/17/19

|                         |       |         |           |                            |    |
|-------------------------|-------|---------|-----------|----------------------------|----|
|                         |       |         |           | Handfinish - 1 - 7 - B4B   |    |
|                         |       |         |           | Handfinish - 1 - 8 - B4B   |    |
|                         |       |         |           | Handfinish - 1 - 9 - B4B   |    |
|                         |       |         |           | Handfinish - 1 - 10 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 11 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 12 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 13 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 14 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 15 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 16 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 17 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 18 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 19 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 20 - B4B  |    |
|                         |       |         |           | Handfinish - 1 - 21 - B4B  |    |
|                         |       |         |           | 2Handfinish - 1 - 22 - B4B |    |
| 160 QC 7                | 1 pcs | 2/28/19 | 0.00 0.00 | QC 7 - 10                  |    |
|                         |       |         |           | QC 7 - 13                  |    |
|                         |       |         |           | QC 7 - 14                  |    |
|                         |       |         |           | QC 7 - 15                  |    |
|                         |       |         |           | QC 7 - 17                  |    |
|                         |       |         |           | QC 7 - 18                  |    |
|                         |       |         |           | QC 7 - 19                  |    |
|                         |       |         |           | QC 7 - 2                   |    |
|                         |       |         |           | QC 7 - 28                  |    |
|                         |       |         |           | QC 7 - 3                   |    |
|                         |       |         |           | QC 7 - 30                  |    |
|                         |       |         |           | QC 7 - 34                  |    |
|                         |       |         |           | QC 7 - 36                  |    |
|                         |       |         |           | QC 7 - 37                  |    |
|                         |       |         |           | QC 7 - 38                  |    |
|                         |       |         |           | QC 7 - 41                  |    |
|                         |       |         |           | QC 7 - 47                  |    |
|                         |       |         |           | QC 7 - 48                  |    |
|                         |       |         |           | QC 7 - 51                  |    |
|                         |       |         |           | QC 7 - 58                  |    |
|                         |       |         |           | QC 7 - 59                  |    |
|                         |       |         |           | QC 7 - 6                   |    |
|                         |       |         |           | QC 7 - 60                  | mb |
|                         |       |         |           | QC 7 - 9                   |    |
|                         |       |         |           | QC 7 - 68                  |    |
|                         |       |         |           | QC 7 - 50                  |    |
|                         |       |         |           | QC 7 - 67                  |    |
| 170 Skidtubes - 2 - B4B | 1 pcs | 2/28/19 | 0.00 4.86 | Skidtubes - 1 - B4B        |    |
|                         |       |         |           | Skidtubes - 2 - B4B        | JA |
|                         |       |         |           | Skidtubes - 3 - B4B        |    |
|                         |       |         |           | Skidtubes - 4 - B4B        |    |
|                         |       |         |           | Skidtubes - 5 - B4B        |    |
| 180 QC 5                | 1     | 2/28/19 | 0.00 0.00 | QC 5 - 10                  |    |



Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                        |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sequence #:                                                                                                                       | QTY Affected :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Presservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |



|                                    |       |         |           |                           |            |
|------------------------------------|-------|---------|-----------|---------------------------|------------|
|                                    |       |         |           | QC 5 - 12                 |            |
|                                    |       |         |           | QC 5 - 17                 |            |
|                                    |       |         |           | QC 5 - 18                 |            |
|                                    |       |         |           | QC 5 - 19                 |            |
|                                    |       |         |           | QC 5 - 22                 |            |
|                                    |       |         |           | QC 5 - 24                 |            |
|                                    |       |         |           | QC 5 - 3                  |            |
|                                    |       |         |           | QC 5 - 38                 |            |
|                                    |       |         |           | QC 5 - 42                 |            |
|                                    |       |         |           | QC 5 - 43                 |            |
|                                    |       |         |           | QC 5 - 49                 |            |
|                                    |       |         |           | QC 5 - 51                 |            |
|                                    |       |         |           | QC 5 - 58                 |            |
|                                    |       |         |           | QC 5 - 68                 |            |
|                                    |       |         |           | QC 5 - 9                  | 18.02.14   |
|                                    |       |         |           | QC 5 - 50                 |            |
|                                    |       |         |           | QC 5 - 30                 |            |
| 210 Handfinish - 2-1 Pressure-B4B  | 1 pcs | 2/28/19 | 0.00 0.73 | Handfinish - 2 - 1 - B4B  | DR 19/2/15 |
|                                    |       |         |           | Handfinish - 2 - 2 - B4B  |            |
| 220 Powdercoat - 1 White Gl(A)-B4B | 1 pcs | 2/28/19 | 0.00 0.17 | Powdercoat - 1 - B4B      |            |
|                                    |       |         |           | Powdercoat - 2 - B4B      |            |
|                                    |       |         |           | Powdercoat - 3 - B4B      | BR 19-2-25 |
|                                    |       |         |           | Powdercoat - 4 - B4B      |            |
| 230 QC 3                           | 1 pcs | 2/28/19 | 0.00 0.00 | QC 3 - 10                 |            |
|                                    |       |         |           | QC 3 - 13                 |            |
|                                    |       |         |           | QC 3 - 15                 | ML 19-2-26 |
|                                    |       |         |           | QC 3 - 17                 |            |
|                                    |       |         |           | QC 3 - 18                 |            |
|                                    |       |         |           | QC 3 - 2                  |            |
|                                    |       |         |           | QC 3 - 26                 |            |
|                                    |       |         |           | QC 3 - 28                 |            |
|                                    |       |         |           | QC 3 - 3                  |            |
|                                    |       |         |           | QC 3 - 30                 |            |
|                                    |       |         |           | QC 3 - 34                 |            |
|                                    |       |         |           | QC 3 - 36                 |            |
|                                    |       |         |           | QC 3 - 38                 |            |
|                                    |       |         |           | QC 3 - 41                 |            |
|                                    |       |         |           | QC 3 - 51                 |            |
|                                    |       |         |           | QC 3 - 58                 |            |
|                                    |       |         |           | QC 3 - 59                 |            |
|                                    |       |         |           | QC 3 - 6                  |            |
|                                    |       |         |           | QC 3 - 68                 |            |
|                                    |       |         |           | QC 3 - 9                  |            |
| 260 Handfinish - 4-1-Assembly-B4B  | 1 pcs | 2/28/19 | 0.00 0.73 | Handfinish - 4 - 1 - B4B  | ML 19-2-26 |
|                                    |       |         |           | Handfinish - 4 - 10 - B4B |            |
|                                    |       |         |           | Handfinish - 4 - 11 - B4B |            |
|                                    |       |         |           | Handfinish - 4 - 12 - B4B |            |
|                                    |       |         |           | Handfinish - 4 - 13 - B4B |            |
|                                    |       |         |           | Handfinish - 4 - 14 - B4B |            |
|                                    |       |         |           | Handfinish - 4 - 15 - B4B |            |
|                                    |       |         |           | Handfinish - 4 - 2 - B4B  |            |
|                                    |       |         |           | Handfinish - 4 - 3 - B4B  |            |
|                                    |       |         |           | Handfinish - 4 - 4 - B4B  |            |
|                                    |       |         |           | Handfinish - 4 - 5 - B4B  |            |
|                                    |       |         |           | Handfinish - 4 - 6 - B4B  |            |

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Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                   |  |                     |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MRB (QSI042) _____  |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Completed By</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                     |  |
| <b>Root Cause</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Operator <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Preservation <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Human Factors <input type="checkbox"/> </div> <div> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                     |  |
| Other/Details: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                     |  |



|                                 |          |         |           |                          |  |
|---------------------------------|----------|---------|-----------|--------------------------|--|
| 270 QC 5                        | 1<br>pcs | 2/28/19 | 0.00 0.00 | Handfinish - 4 - 7 - B4B |  |
|                                 |          |         |           | Handfinish - 4 - 8 - B4B |  |
|                                 |          |         |           | Handfinish - 4 - 9 - B4B |  |
|                                 |          |         |           | QC 5 - 10                |  |
|                                 |          |         |           | QC 5 - 12                |  |
|                                 |          |         |           | QC 5 - 17                |  |
|                                 |          |         |           | QC 5 - 18                |  |
|                                 |          |         |           | QC 5 - 19                |  |
|                                 |          |         |           | QC 5 - 22                |  |
|                                 |          |         |           | QC 5 - 24                |  |
|                                 |          |         |           | QC 5 - 3                 |  |
|                                 |          |         |           | QC 5 - 38                |  |
|                                 |          |         |           | QC 5 - 42                |  |
|                                 |          |         |           | QC 5 - 43                |  |
|                                 |          |         |           | QC 5 - 49                |  |
|                                 |          |         |           | QC 5 - 51                |  |
|                                 |          |         |           | QC 5 - 58                |  |
|                                 |          |         |           | QC 5 - 68                |  |
|                                 |          |         |           | QC 5 - 9                 |  |
|                                 |          |         |           | QC 5 - 50                |  |
|                                 |          |         |           | QC 5 - 30                |  |
| 300 Packaging 3-1 - Stock - B4B | 1<br>pcs | 2/28/19 | 0.00 0.00 | Packaging 3 - 1 - B4B    |  |
|                                 |          |         |           | Packaging 3 - 2 - B4B    |  |
|                                 |          |         |           | Packaging 3 - 3 - B4B    |  |
|                                 |          |         |           | Packaging 3 - 4 - B4B    |  |
|                                 |          |         |           | Packaging 3 - 5 - B4B    |  |
|                                 |          |         |           | Packaging 3 - 6 - B4B    |  |
|                                 |          |         |           | Packaging 3 - 7 - B4B    |  |
|                                 |          |         |           | Packaging 3 - 8 - B4B    |  |
|                                 |          |         |           | Packaging 3 - 9 - B4B    |  |
|                                 |          |         |           | Packaging 3 - 10 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 11 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 12 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 13 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 14 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 15 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 16 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 17 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 18 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 19 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 20 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 21 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 22 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 23 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 24 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 25 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 26 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 27 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 28 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 29 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 30 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 31 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 32 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 33 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 34 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 35 - B4B   |  |
|                                 |          |         |           | Packaging 3 - 36 - B4B   |  |
| 310 QC 21 - SA                  | 1<br>pcs | 2/28/19 | 0.00 0.00 | QC 21 - SA - 21          |  |
|                                 |          |         |           | QC 21 - SA - 70          |  |

DAS  
MAR 04 2019  
9-89

MAR 13 2019

DAS  
MAR 13 2019  
9-89



Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------------|----------------------------------|------------------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------|------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|-----------------------------------------|--|
| <b>Job:</b> _____<br><b>Part No.</b> _____                                                                                                                                                                                                                                                                                                                                           |                                                          | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Eng. (Non-AW) <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Quality <input type="checkbox"/> |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Date :</b> _____                                                                                                                                                                                                                                                                                                                                                                  |                                                          | <b>Sequence #:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | <b>QTY Affected :</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>MRB (QSI042)</b> |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                              |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Completed By</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Lead hand / Supervisor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>QC / QA Coordinator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Root Cause</b><br>Operator <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Presservation <input type="checkbox"/><br>Material <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Human Factors <input type="checkbox"/> |                                                          | <b>FAULT CATEGORY</b><br><table border="0"><tr><td><input type="checkbox"/> Pressure/Forced</td><td><input type="checkbox"/> Contamination</td><td><input type="checkbox"/> Power Loss/Surge</td><td><input type="checkbox"/> Positioned Wrong</td></tr><tr><td><input type="checkbox"/> Bending</td><td><input type="checkbox"/> Misaligned/off center</td><td><input type="checkbox"/> Folio/Program</td><td><input type="checkbox"/> Outside Tolerance</td></tr><tr><td><input type="checkbox"/> Crushing</td><td><input type="checkbox"/> BOM/Route</td><td><input type="checkbox"/> Grain Direction</td><td><input type="checkbox"/> Drawing</td></tr><tr><td><input type="checkbox"/> Cracks</td><td><input type="checkbox"/> Broken/Damage/Defect</td><td><input type="checkbox"/> Weld</td><td><input type="checkbox"/> Finish</td></tr><tr><td><input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist</td><td><input type="checkbox"/> Incomplete/Unclear Instructions</td><td><input type="checkbox"/> Wrong Stock Pulled</td><td><input type="checkbox"/> Part Lost/Missing</td></tr><tr><td><input type="checkbox"/> Marks/Chatter</td><td><input type="checkbox"/> Drill Holes</td><td><input type="checkbox"/> Out of Sequence</td><td><input type="checkbox"/> Misread</td></tr><tr><td><input type="checkbox"/> Mislabeled</td><td><input type="checkbox"/> Fit/Function</td><td><input type="checkbox"/> Off-set/Set-up</td><td></td></tr></table> |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Contamination | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Tolerance | <input type="checkbox"/> Crushing | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain Direction | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Finish | <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Misread | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Off-set/Set-up |  |
| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Contamination                   | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Positioned Wrong  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Misaligned/off center           | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Outside Tolerance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> BOM/Route                       | <input type="checkbox"/> Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Drawing           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Broken/Damage/Defect            | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Finish            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Part Lost/Missing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Drill Holes                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Misread           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Fit/Function                    | <input type="checkbox"/> Off-set/Set-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                          | <b>Other/Details:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |



Part Op 120 - 1-Cut Aft end as per dwg D4680 3-Drill Aft & Fwd Cap holes using DT8678 & DT8901 open aft cap 0.187". 4-Locate Descriptions: DT10149 & Drill Ground wire hole on top of Tube. 5-Locate DT10149 with 0.187" cleco in aft cap, then Pilot Drill all X-Bolt holes using 0.187" drill. 6-Open ground wire hole .297" at 95.75" (1 at fwd end & 2 at aft end at 20.81" ref.) 8- 3 most fwd x-bolt holes must be laid out manually, open to #30. 9-Open Aft & Fwd Cap holes using .208" drill. 10- Open X-Bolt holes to .750" (10 places) 11- Drill Rivet Holes as per Dwg D4680 using DT10065 \*\*\*DO NOT DRILL RIVET HOLES ON SECTION G-G (TWO PLACES) Open G-G to .750 12-Deburr holes.

140 - (QC5- Inspect part completeness to step on W/O)

150 - (Chemical Conversion Coat per QSI005 4.1)

160 - (QC7-Inspect Chemical Conversion Coat)

170 - 1- Bond web as per Dwg D4680 & QSI 015 2- Seal all faying surfaces using proseal and rivet Doubler as per Dwg D4680. A/R Proseal Batch: \_\_\_\_\_ exp date: \_\_\_\_\_ \*\*\*LET IT CURE FOR 7HRS\*\*\* START

TIME: \_\_\_\_\_ FINISH TIME: \_\_\_\_\_ 3- Rivet doublers as per dwg Shave rivet as required, remove Proseal spill over. 4- Ream holes section C-C as per dwg, deburr 8 places 5- Swage x-bolt spacers as per Dwg D4680 and section C-C 8 places. 6- Swage x-bolt spacer as per dwg D4680 section G-G 7- Trim/Grind flush per QSI 002

180 - (QC5- Inspect part completeness to step on W/O)

210 - (Pressure Wash per QSI005 4.3/ Clean and remove all markings), Re-alodine tube as per QSI 005 section 4.1.2.1 do not acid etch.

220 - (White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum), START TIME: \_\_\_\_\_

230 - (QC3- Inspect Part Finish)

260 - (Assemble as per dwg), 1- Install Ground Wire inserts as per Dwg D4680. 2-Inspect for Foreign objects 3- Install Fwd & Aft caps as per Dwg D4680 and Detail "A" & "B". Fastener must be install wet as per note (9). Seal all faying surfaces note (8) A/R 241 Sika Flex Batch: 5172386 Exp Date: 14-3 4- Wing Walk as per Dwg D4680 and QSI 005 4.4 Batch: 5146103

270 - (QC5- Inspect part completeness to step on W/O)

300 - (Identify as per dwg & Stock Location: \_\_\_\_\_)

310 - (QC21- Final Inspection - Work Order Release)

### Job BOM

| Part / Item    | Component Name   | Quantity       | Operation                         | Container |
|----------------|------------------|----------------|-----------------------------------|-----------|
| D4680-041-BENT | Extrusion Bent   | 1 pcs (1 ea)   | 120-Skidtubes - 1                 | 5108686   |
| D5520-1        | Doubler          | 2 Ea (2 ea)    | 120-Skidtubes - 1                 | 5082767   |
| CR3212-5-05    | Rivet            | 68 pcs (68 ea) | 170-Skidtubes - 2 - B4B           | 5117005   |
| D4681-041      | Web Assembly     | 1 pcs (1 ea)   | 170-Skidtubes - 2 - B4B           | 5084645   |
| AELS-1032-130  | Rivnut           | 3 Ea (3 ea)    | 260-Handfinish - 4-1-Assembly-B4B | 5152720   |
| AN3C4A         | Bolt             | 3 Ea (3 ea)    | 260-Handfinish - 4-1-Assembly-B4B | 5152638   |
| AN3C5A         | Bolt             | 2 Ea (2 ea)    | 260-Handfinish - 4-1-Assembly-B4B | 5075999   |
| AN526C1032R10  | Screw            | 2 Ea (2 ea)    | 260-Handfinish - 4-1-Assembly-B4B | 5071664   |
| D2965          | Cap              | 1 pcs (1 ea)   | 260-Handfinish - 4-1-Assembly-B4B | 5045482   |
| D2965-3        | Cap              | 1 pcs (1 ea)   | 260-Handfinish - 4-1-Assembly-B4B | 5126369   |
| D4686-1        | Spacer           | 8 pcs (8 ea)   | 260-Handfinish - 4-1-Assembly-B4B | 5095512   |
| D5304-1        | Crossbolt Spacer | 2 pcs (2 ea)   | 260-Handfinish - 4-1-Assembly-B4B | 5093587   |
| MS20601-AD4W3  | Rivet            | 32 Ea (32 ea)  | 260-Handfinish - 4-1-Assembly-B4B | 5147507   |
| NAS1149C0332R  | Washer           | 5 Ea (5 ea)    | 260-Handfinish - 4-1-Assembly-B4B | 5140518   |
| D4753-1        | Doubler          | 16 pcs (16 ea) | 300-Packaging 3-1 - Stock - B4B   | 6X5082386 |

10X 5098621

### Job Allocations

| Operation                         | Component Part | Required | Inventory | Allocated |
|-----------------------------------|----------------|----------|-----------|-----------|
| 120-Skidtubes - 1                 | D4680-041-BENT | 1        | 6         | 0         |
|                                   | D5520-1        | 2        | 12        | 0         |
| 170-Skidtubes - 2 - B4B           | CR3212-5-05    | 68       | 183       | 0         |
|                                   | D4681-041      | 1        | 4         | 0         |
| 260-Handfinish - 4-1-Assembly-B4B | AELS-1032-130  | 3        | 0         | 0         |
|                                   | AN3C4A         | 3        | 1,045     | 0         |
|                                   | AN3C5A         | 2        | 1,249     | 0         |
|                                   | AN526C1032R10  | 2        | 87        | 0         |
|                                   | D2965          | 1        | 43        | 0         |
|                                   | D2965-3        | 1        | 16        | 0         |
|                                   | D4686-1        | 8        | 60        | 0         |
|                                   | D5304-1        | 2        | 17        | 0         |
|                                   | MS20601-AD4W3  | 32       | 487       | 0         |
|                                   | NAS1149C0332R  | 5        | 2,974     | 0         |
| 300-Packaging 3-1 - Stock - B4B   | D4753-1        | 16       | 36        | 0         |

### Part Specifications

Specifications could not be found.



Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

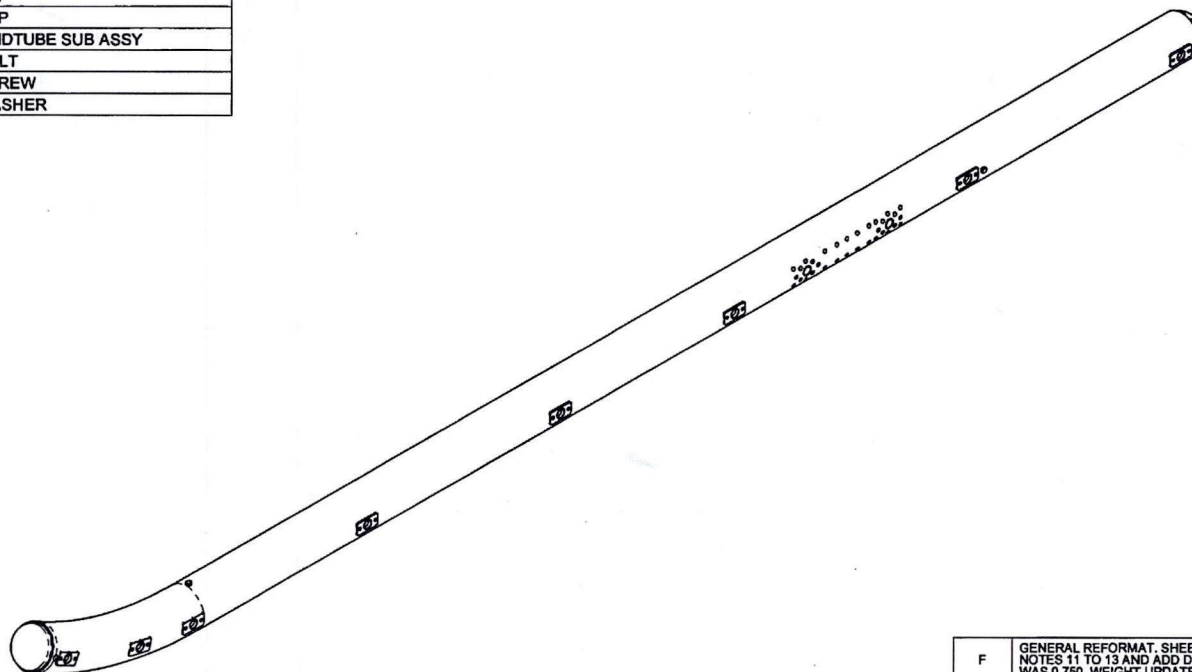
NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                        |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Presservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |



| ITEM | QTY<br>-041 | P/N           | DESCRIPTION       |
|------|-------------|---------------|-------------------|
|      | X           | D4680-041     | SKIDTUBE          |
| 1    | 1           | D2965         | CAP               |
| 2    | 1           | D2965-3       | CAP               |
| 3    | 1           | D4680-043     | SKIDTUBE SUB ASSY |
| 4    | 2           | AN3C5A        | BOLT              |
| 5    | 2           | AN526C1032R10 | SCREW             |
| 6    | 2           | NAS1149C0332R | WASHER            |



# NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: PAINT TOP SURFACE OF SKIDTUBE WITH MIL-W-5044 ANTI-SKID PAINT (WING WALK) AS INDICATED TO 1.00 ABOVE CENTERLINE PER QSI 005 SECTION 4.4
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4680-041" AND B/N PER QSI 044 METHOD 6.4 ON INNER RADIUS OF SKIDTUBE BEFORE INSTALLING D2965 CAP

- 7) WEIGHT: 19.3 lbs
- 8) SEAL FAYING SURFACES WITH SIKAFLEX -241/-291 OR PROSEAL 890/1422 OR MIL-S-8802 CLASS B-2 SEALANT
- 9) INSTALL FASTENERS WET WITH SIKAFLEX -241/-291 OR PROSEAL 890/1422 OR MIL-S-8802 CLASS B-2 SEALANT

|            |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                     |              |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| F          | GENERAL REFORMAT. SHEET 3: ADD ITEMS 6 & 11 ADD NOTES 11 TO 13 AND ADD DETAIL H. SHEET 5: Ø0.188 WAS 0.750. WEIGHT UPDATE. ADD PROSEAL 1422                                                                                                                                  | AJS                                                                                                                                                                                                                                                                                                 | 17.03.30     |
| E          | GROUND HANDLING CROSSBOLT SPACERS NOW SWAGED, WAS WELDED. REMOVED D3492-055 PLUG ASSEMBLIES                                                                                                                                                                                  | AP                                                                                                                                                                                                                                                                                                  | 15.11.02     |
| D          | MOVED AFT GROUNDING FASTENER HOLE AFT 0.25 DUE TO INTERFERENCE, ADDED NOTE 9 (SHT 1), GROUNDING STRAP WASHERS NOW STAINLESS                                                                                                                                                  | AP                                                                                                                                                                                                                                                                                                  | 15.03.04     |
| C          | NAS1149F0332P WAS AN960-10L, AN526C1032R10 WAS AN526C1032-10, FWD GROUNDING STRAP FASTENER MOVED AFT (C5-3), Ø0.750 WAS Ø0.758 (B4-3).                                                                                                                                       | AP                                                                                                                                                                                                                                                                                                  | 14.07.29     |
| B          | FWD CAP WAS D2965 NOW D2965-3, VARIOUS DIMENSIONAL CHANGES. D3492-055 PLUG ASSY WAS D3492-051, SWAGING DIMENSION NOW 0.650 WAS 0.661 (D6-2), ADDED DETAIL H (C2-3), MATERIAL D2962-150 WAS D2962-131 (A7-3), GROUND HANDLING THRU HOLES NOW WELDED, ADDED SECTION G-G (D3-2) | AP                                                                                                                                                                                                                                                                                                  | 13.09.10     |
| A          | NEW ISSUE                                                                                                                                                                                                                                                                    | AP                                                                                                                                                                                                                                                                                                  | 13.02.13     |
| REV.       | DESCRIPTION                                                                                                                                                                                                                                                                  | BY                                                                                                                                                                                                                                                                                                  | DATE         |
| DESIGN     | AP                                                                                                                                                                                                                                                                           | <b>DART AEROSPACE USA, INC.</b><br>EUGENE, OR                                                                                                                                                                                                                                                       |              |
| DRAWN      | AJS                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     |              |
| CHECKED    | ML                                                                                                                                                                                                                                                                           | DRAWING NO.                                                                                                                                                                                                                                                                                         | REV. F       |
| MFG. APPR. | DP                                                                                                                                                                                                                                                                           | D4680                                                                                                                                                                                                                                                                                               | SHEET 1 OF 5 |
| APPROVED   | WM                                                                                                                                                                                                                                                                           | TITLE                                                                                                                                                                                                                                                                                               | SCALE        |
| DE APPR.   | DS                                                                                                                                                                                                                                                                           | SKIDTUBE                                                                                                                                                                                                                                                                                            | NTS          |
| DATE       | 17.03.30                                                                                                                                                                                                                                                                     | <small>COPYRIGHT © 2013 BY DART AEROSPACE USA, INC.<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |              |

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2017-08-11  
ECN 17-547

APPROVED



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



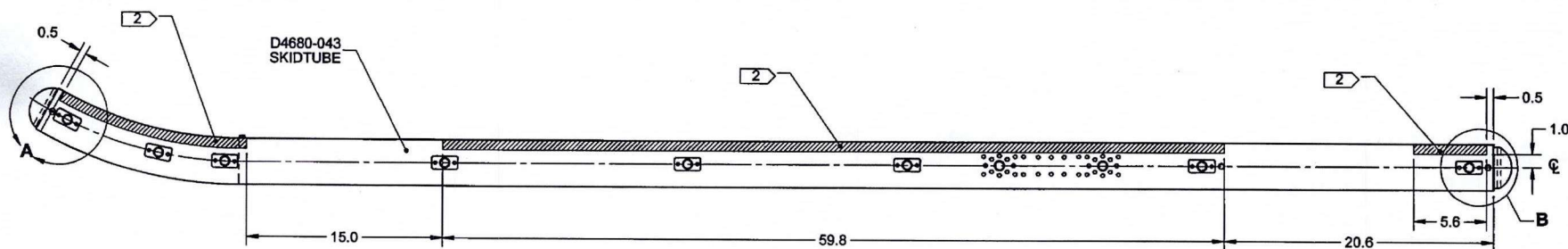
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QS1042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |





|            |          |                                                                                                                                                                                                                                                                                                    |              |
|------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AP       | <b>DART AEROSPACE USA, INC.</b><br>EUGENE, OR                                                                                                                                                                                                                                                      |              |
| DRAWN      | AJS      |                                                                                                                                                                                                                                                                                                    |              |
| CHECKED    | ML       | DRAWING NO.<br><b>D4680</b>                                                                                                                                                                                                                                                                        | REV. F       |
| MFG. APPR. | DP       |                                                                                                                                                                                                                                                                                                    | SHEET 2 OF 3 |
| APPROVED   | WM       | TITLE                                                                                                                                                                                                                                                                                              | SCALE        |
| DE APPR.   | DS       | <b>SKIDTUBE</b>                                                                                                                                                                                                                                                                                    | NTS          |
| DATE       | 17.03.30 | COPYRIGHT © 2013 BY DART AEROSPACE USA, INC.<br><small>THIS DOCUMENT IS REVIEWED AND CONFIDENTIAL, AND IS SUPPLIED ON THE UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE USA, INC.</small> |              |

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2017-08-11



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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                               |            |  |                |  |  |  |                                      |                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |                                        |                                   |
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---------------------|------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|----------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|---------------|--|--|--|----------------------------------------|-----------------------------------|
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Root Cause</th> <th colspan="4" style="text-align: left;">FAULT CATEGORY</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">Environment <input type="checkbox"/></td> <td style="width: 15%;">No Re-verification <input type="checkbox"/></td> <td style="width: 15%;">Pressure/Forced <input type="checkbox"/></td> <td style="width: 15%;">Temperature/Cure <input type="checkbox"/></td> <td style="width: 15%;">Power Loss/Surge <input type="checkbox"/></td> <td style="width: 15%;">Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> <td>Bending <input type="checkbox"/></td> <td>Set-up <input type="checkbox"/></td> <td>Folio/Program <input type="checkbox"/></td> <td>Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Setup <input type="checkbox"/></td> <td>Centre Not Concentric <input type="checkbox"/></td> <td>BOM/Route <input type="checkbox"/></td> <td>Grain <input type="checkbox"/></td> <td>Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td>Cracks <input type="checkbox"/></td> <td>Broken/Damage/Defect <input type="checkbox"/></td> <td>Weld <input type="checkbox"/></td> <td>Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> <td>Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> <td>Cuffs <input type="checkbox"/></td> <td>Contamination <input type="checkbox"/></td> <td>Out of Sequence <input type="checkbox"/></td> <td>Part Moved <input type="checkbox"/></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> <td>Crushing <input type="checkbox"/></td> <td>Countersink <input type="checkbox"/></td> <td>Off-set <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> <td>Heat Treat <input type="checkbox"/></td> <td>Cut Too Short <input type="checkbox"/></td> <td>Mislabeled <input type="checkbox"/></td> <td>Finish <input type="checkbox"/></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> <td>Wave/Twist in Tube <input type="checkbox"/></td> <td>Instructions Incomplete/Unclear <input type="checkbox"/></td> <td>Fit/Function <input type="checkbox"/></td> <td>Misread <input type="checkbox"/></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> <td>Marks/Chatter <input type="checkbox"/></td> <td>Drill Holes <input type="checkbox"/></td> <td>Misaligned/off center <input type="checkbox"/></td> <td>Turning Sequence <input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> <td colspan="4" rowspan="2" style="vertical-align: top;">OTHER : _____</td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> </tr> </tbody> </table> |                                                                                                                                                                                    |                                                                                                                           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<input type="checkbox"/> | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |            |  |                |  |  |  |                                      |                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |                                        |                                   |
| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |            |  |                |  |  |  |                                      |                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                               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                                                   |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |                                        |                                   |
| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                |                                               |            |  |                |  |  |  |                                      |                             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                                                   |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |                                        |                                   |
| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |            |  |                |  |  |  |                                      |                             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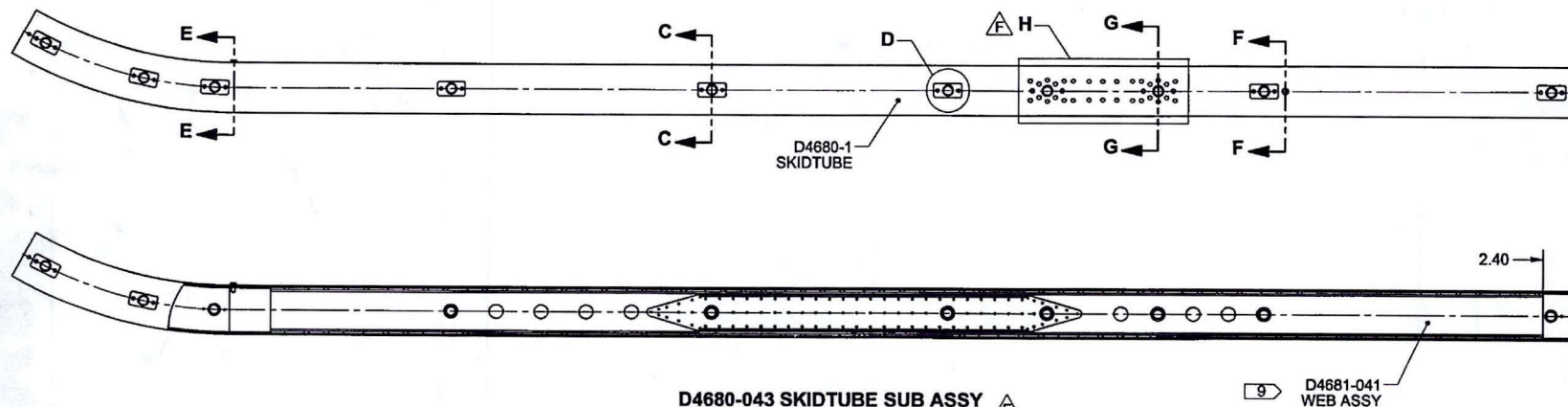
| ITEM | QTY | P/N           | DESCRIPTION           |
|------|-----|---------------|-----------------------|
|      | X   | D4680-043     | SKIDTUBE SUB ASSY     |
| 1    | 1   | D4680-1       | SKIDTUBE              |
| 2    | 1   | D4681-041     | WEB ASSY              |
| 3    | 8   | D4686-1       | SPACER                |
| 4    | 16  | D4753-1       | DOUBLER               |
| 5    | 2   | D5304-1       | CROSSBOLT SPACER      |
| 6    | 2   | D5520-1       | DOUBLER               |
| 7    | 3   | AN3C4A        | BOLT                  |
| 8    | 32  | MS20801AD4W3  | RIVET, BLIND, CSK     |
| 9    | 3   | NAS1149C0332R | WASHER                |
| 10   | 3   | AELS-1032-130 | INSERT                |
| 11   | 68  | CR3212-5-05   | CSK RIVET, CHERRY MAX |

OPEN TO  
Ø0.750  
THRU 2 PL

13 12 CR3212-5-05  
CSK RIVET, CHERRY MAX  
34 PL PER DOUBLER

DETAIL H  
SCALE 4X

11 D5520-1 DOUBLER  
2 PL



# NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: APPLY CHEMICAL CONVERSION COATING PER DART QSI 005 4.1 PRIOR TO INSTALLING D4681-041 WEB.  
POWDER COAT WHITE (REF 4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 18.6 lbs
- 8) SEAL ALL MATING SURFACES USING PROSEAL 890/1422 OR MIL-S-8802 CLASS B2 SEALANT
- 9) INSERT D4681-041 WEB INTO D4680-1 SKIDTUBE IN LOCATION SHOWN OFF AFT END OF SKIDTUBE AND BOND WEB INTO OUTER TUBE WITH NON-STRUCTURAL SIKAFLEX -241/-291 ADHESIVE PER DART QSI 015
- 10) INSTALL D4686-1 SPACER AFTER INSTALLING D4753-1 DOUBLERS
- 11) LOCATE THE D5520-1 DOUBLER USING THE Ø0.188 PILOT HOLES ON THE SKIDTUBE AND DOUBLER
- 12) LOCATE QTY (34) HOLES ONTO THE SKIDTUBE PER D5520-1 DOUBLER AND DRILL Ø0.161 THRU SKIDTUBE AND DOUBLER USING DT10309
- 13) COUNTERSINK THE SKIDTUBE Ø0.286 X 100" (34 PL) AND INSTALL EACH D5520-1 DOUBLER USING QTY (34) CR3212-5-05 CSK RIVETS

RELEASED  
2017-08-11

APPROVED

|            |          |                                                                                                                                                                                                                                                                                          |              |
|------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AP       | DART AEROSPACE USA, INC.<br>EUGENE, OR                                                                                                                                                                                                                                                   |              |
| DRAWN      | AJS      |                                                                                                                                                                                                                                                                                          |              |
| CHECKED    | ML       | DRAWING NO.<br>D4680                                                                                                                                                                                                                                                                     | REV. F       |
| MFG. APPR. | DP       |                                                                                                                                                                                                                                                                                          | SHEET 3 OF 5 |
| APPROVED   | WM       | TITLE<br>SKIDTUBE                                                                                                                                                                                                                                                                        | SCALE<br>NTS |
| DE APPR.   | DS       |                                                                                                                                                                                                                                                                                          |              |
| DATE       | 17.03.30 | COPYRIGHT © 2013 BY DART AEROSPACE USA, INC.<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR TRANSMITTED TO ANY OTHER PERSON WITHOUT<br>WRITTEN PERMISSION FROM DART AEROSPACE USA, INC. |              |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



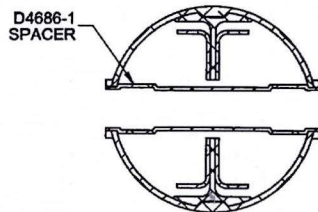
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|----------------------------------------------|--|------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                          | Engineering <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Small Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                  | Quality <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Finishing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                | Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Composite <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MRB (QSI042) Approval |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | Completed By                                 |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | Lead hand / Supervisor Approval Verification |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | QC / QA Coordinator Approval                 |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |                       | OTHER : <input type="checkbox"/>             |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

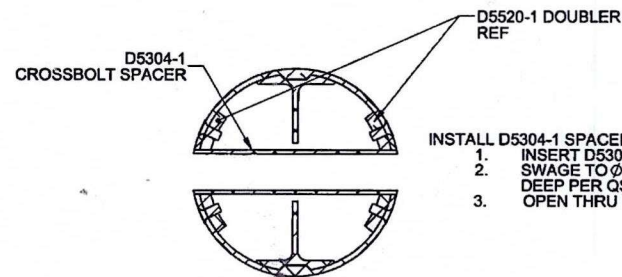




INSTALL D4686-1 SPACER AS FOLLOWS (8 PL)  
AFTER INSTALLING D4753-1 DOUBLERS PER DETAIL D

1. INSERT D4686-1 SPACER
2. SWAGE TO  $\phi 0.650 +0.010/-0.000 \times 1.0$   
DEEP PER QSI 002
3. TRIM/GRIND FLUSH PER QSI 002

**SECTION C-C**  
SCALE 4X  
8 PL

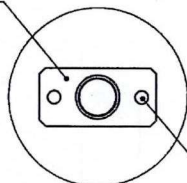


INSTALL D5304-1 SPACER AS FOLLOWS (2 PL)

1. INSERT D5304-1 SPACER
2. SWAGE TO  $\phi 0.565 +0.005/-0.000 \times 1.0$   
DEEP PER QSI 002
3. OPEN THRU HOLE TO  $\phi 0.625$

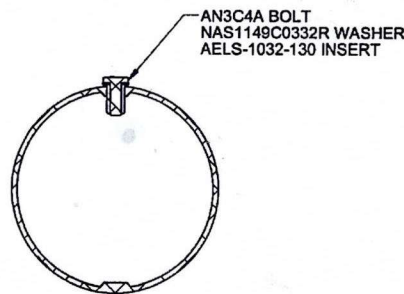
**SECTION G-G**  
SCALE 4X  
2 PL

**8**  
D4753-1  
DOUBLER

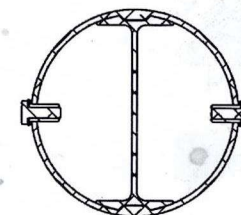


MS20601AD4W3  
RIVET, BLIND, CSK  
2 PL

**DETAIL D**  
16 PL (BOTH SIDES)  
SCALE 4X



**SECTION E-E**  
SCALE 4X



**SECTION F-F**  
SCALE 4X

RELEASED  
2017-08-11

APPROVED

|            |          |                                                                                                                                                                                                                                                                                     |              |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AP       | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                     |              |
| DRAWN      | AJS      | EUGENE, OR                                                                                                                                                                                                                                                                          |              |
| CHECKED    | ML       | DRAWING NO.                                                                                                                                                                                                                                                                         | REV. F       |
| MFG. APPR. | DP       | D4680                                                                                                                                                                                                                                                                               | SHEET 4 OF 5 |
| APPROVED   | WM       | TITLE                                                                                                                                                                                                                                                                               | SCALE        |
| DE APPR.   | DS       | SKIDTUBE                                                                                                                                                                                                                                                                            | NTS          |
| DATE       | 17.03.30 | COPYRIGHT © 2013 BY DART AEROSPACE USA, INC.<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC. |              |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



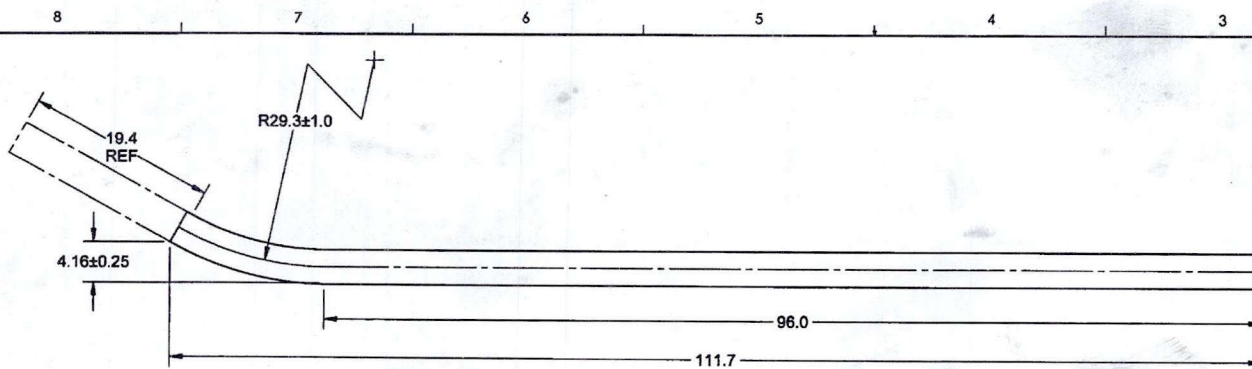
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

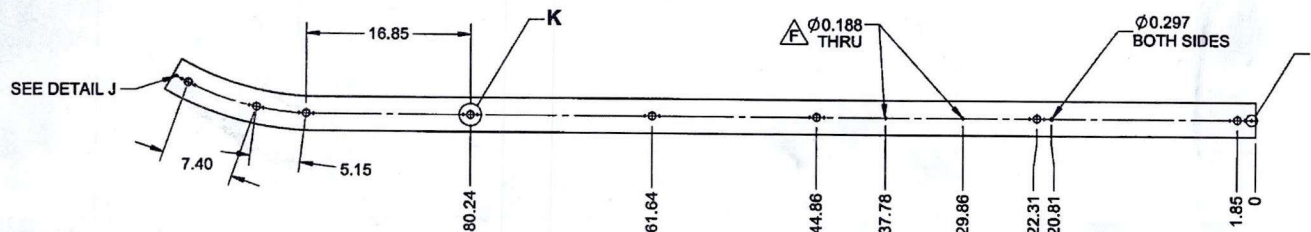
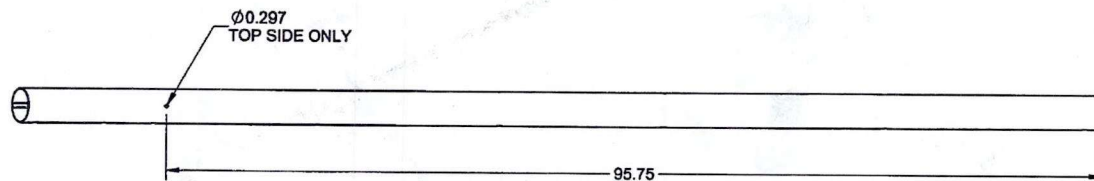
Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                              |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabelled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : _____ |                       |                                              |  |

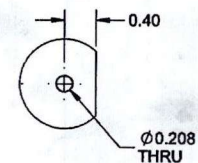




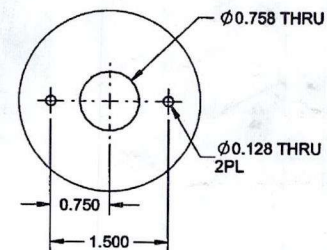
**D4680-1 SKIDTUBE BENDING/TRIMMING DETAIL**



**D4680-1 SKIDTUBE DRILLING DETAIL**



**DETAIL J**  
SCALE 8X  
2 PL



**DETAIL K**  
SCALE 8X  
8 PL

**NOTES:**

- 1) MATERIAL: MAKE FROM D2962-150 EXTRUSION
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 11.36 lbs

RELEASED  
2017-08-11

APPROVED

|            |          |                                                                                                                                                                                                                                                                                     |              |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AP       | <b>DART AEROSPACE USA, INC.</b><br>EUGENE, OR                                                                                                                                                                                                                                       |              |
| DRAWN      | AJS      |                                                                                                                                                                                                                                                                                     |              |
| CHECKED    | ML       | DRAWING NO.                                                                                                                                                                                                                                                                         | REV. F       |
| MFG. APPR. | DP       | <b>D4680</b>                                                                                                                                                                                                                                                                        | SHEET 5 OF 5 |
| APPROVED   | WM       | TITLE                                                                                                                                                                                                                                                                               | SCALE        |
| DE APPR.   | DS       | <b>SKIDTUBE</b>                                                                                                                                                                                                                                                                     | NTS          |
| DATE       | 17.03.30 | COPYRIGHT © 2013 BY DART AEROSPACE USA, INC.<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC. |              |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                       |                                              |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Step #: _____                                                                                                                                                                      | QTY Effective: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | MRB (QS1042) Approval |                                              |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       | Completed By                                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       | QC / QA Coordinator Approval                 |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                       |                                              |
| OTHER: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       |                                              |